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CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

JIMMIE STEPHEN
#C-56483 / A-1149
PO BOX 8101
SAN LUIS OBISPO, CA 93409-0001

Court of U.S. District
State of California-Northern

CASE # 08-0957
JW / PRL

Jimmie Stephen
Plaintiff

Plaintiff Request to "Supple-
ment" Complaint
Under "Imminent Danger"
Exceptional "Deafal"
FLCP # 15..

Under "Bonds"
ET AL Defendants
1.. Dr. "Millard" 3.. Dr. "Lee"
2.. Dr. "Farnsworth" 4.. Dr. "Anthodora"

Plaintiff Jimmie Stephen Request to "Supplement"
Under FLCP # 15 in CO-08-0957-JW. Page # 8 of Complaint
Deafal.. Under FLCP # 15..

"Farrow J West" 320, f3D, 1235-46 (11th 2003)
Imminent Danger Exception..

Defendants: Deafist "Millard" Deafist "Farnsworth" Deafist
"Anthodora" willfully in context of ET Donahue from 5-1-05
willfully, with deliberate indifference, reckless disregard

with dentist "LEE" maliciously withheld and deliberately DENIED Plaintiff's (Sharon) Right to Parotids when REQUESTED SINCE 5-1-05 "On-going" whether as DATE of this Supplement 2-18-08 "Parotids" are STILL BEING DENIED. WITH SEVERE GUM SORENESS SWELLING, WEIGHT LOSS PAIN and medical problems..

As diagnosed with "Periodontitis" Gum Disease by Dr "LEE" verified by "Millard" of 1-2-07 and again by Millard prior of 4-6-05..

"Parotid" determined needed by "Femoral" of 11-4-05..
"Antibiotics" diagnosed Parotids of 2-26-07..

Plaintiff now at CME - San Luis Obispo California still denied "Parotids" ECT..

As Millard, Femoral, LEE, Millard, failed to Treat, withholding dental CME treatment

"McARTHUR v TONEY" 281 F3d 709-11 (8th 2002)

Denial of "Parotids" Treatment left forfills imminent danger (expected) SINCE 5-1-05 at CME on-going as of 2-18-08..

TRUTH AGAINST FRAUD on Parotid
DATE 2-18-08

Sharon A. Lee

STATE OF CALIFORNIA
DENTAL PROGRESS NOTES
CDCR 237-C (Rev. 04/06)

Page 1 of 2

RESTORATIONS AND TREATMENTS (Completed during incarceration)	SUBSEQUENT DISEASES AND ABNORMALITIES
REMARKS	REMARKS

Prior to each treatment, the Dentist must review the inmate-patient's health history, note changes or specify no change, and use S.O.A.P.E. format when applicable.

DATE OF ACTION (month/day/year)	TOOTH NUMBER	PROGRESS NOTES (include signature at the end of each data entry)	PRIORITY AFTER VISIT	PRISON LOCATION (ACRONYM)
7/19/06	#7	S. pt presents with pain last 3 days - points to tooth #7		
		O. PA #7 Exam. dtd 7/19/06 NIKWA		
		#7 class III mobil. by Perc + P.P.		
		Perio pocketing Em +		
		A #7 Perio compromised perio abscess		
		P 1.1 x0 #7		
		E. Pt. of P.T. Agrees		
		TX 500 mg Pen V.K x 30 tabs		
		800 mg Ibuprofen x 10 tabs		
		N.V. x0 #7		

DRUG ALLERGIES?

☒ NO☐ YES

DENTAL PROGRESS NOTES

CDCR NUMBER, NAME (LAST, FIRST, MI), AND DATE OF BIRTH

C-56483

Stephen

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CITIZEN Complaint

DR "LEE"

Location: Institution/Parole Region

Log No.

Category

INMATE/PAROLEE

APPEAL FORM

CDC 602 (12/87)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
JIMMIE STEPHEN	C56483	AD-SEG	6-227-L

A. Describe Problem:

THERE IS AN ONGOING PRACTICE, custom, policy, TO DENY, DEPRIVE OF EFFECTIVE DENTAL TREATMENT HERE AT PT DONOVAN AS ON 11-30-06 DR LEE A KNOWN INFERIOR DENTIST WHOM IN PAST RECOMMENDED "EXTRACTION" OF front "teeth" the SAME AS DID IN PAST IN 2004 ON Bottom front 4 TEETH WHEN LOOSE SAME AS MY #7 TOOTH AND MY #9 WAS INJURED IN 1970 WHO USES THIS TO COVER-UP FACTS FOR "DENTAL TREATMENTS" ECT.. WHEN

If you need more space, attach one additional sheet. CAUTY AT GUMLINE NOW "TEETH ARE STROT"

B. Action Requested:

① "INVESTIGATION" INTO "RECKLESS DISREGARD" AND "DELIBERATE INDIFFERENCE" OF "DENTIST LEE" AS WELL AS HIRING PRACTICES OF THESE INFERIOR PERSONNEL.

② "ROOT CANAL" CAUTY CHECK, below GUMLINE..??

Inmate/Parolee Signature:

Jimmie Stephen

Date Submitted:

11-30-06

C. INFORMAL LEVEL (Date Received:

12-15-06

Partially Granted

Staff Response:

Dr. Antognia Chief Dental OFF. interviewed Inmate Stephen C-56483 on 02/09/07. Inmate Stephen must complete a full mouth exam before he can obtain Partial Dentures. All Non-restorable teeth must be removed prior to making a Partial Denture. Please see CDCR 7428 Full and Partial Denture Agreement.

Staff Signature: meastillo RDA

Date Returned to Inmate: 02/09/07

02/26/07

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature:

Date Submitted:

CDC Appeal Number:

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

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DEPARTMENT OF CORRECTIONS AND REHABILITATION

STATE OF CALIFORNIA
DENTAL PROGRESS NOTES
CDCR 237-C (Rev. 04/06)

RESTORATIONS AND TREATMENTS (Completed during incarceration)	SUBSEQUENT DISEASES AND ABNORMALITIES
REMARKS	REMARKS

Prior to each treatment, the Dentist *must* review the inmate-patient's health history, note changes or specify no change, and use S.O.A.P.E. format when applicable.

DATE OF ACTION (month/day/year)	TOOTH NUMBER	PROGRESS NOTES (include signature at the end of each data entry)	PRIORITY AFTER VISIT	PRISON LOCATION (ACRONYM)
1 2 07		<p>S: S/L C. I have a loose tooth and I would like a partial. Formal 602 interview.</p> <p>Pt points to tooth #7.</p> <p>O: HQR (dated 1/2/07, taking interlob, HCTZ, lopaxstatin (sp?)), #7 CL III mobility, #9 CL III mobility, #10 CL II mobility, #24 #25 CL II mobility, advanced bone loss, PA #7 taken.</p> <p>A: #7 #10, nonrestorable, generalize advanced periodontitis.</p> <p>P: 1) O.S ext #7 #10 (pt refuse ext)</p> <p>2) prosth eval for partials</p> <p>E: pt inf. Pt refuse to sign treatment today.</p>		
			S. LEE, D.D.S. Staff Dentist	ASDC

DRUG ALLERGIES?

☒ NO ☐ YES

DENTAL PROGRESS NOTES

CDCR NUMBER, NAME (LAST, FIRST, MI), AND DATE OF BIRTH

STEPHEN JIMMIE

7-18-52

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Prior to each treatment, the Der. must review the health history, nanges or specify no change;
and use S.O.A.P. format when applicable.

DATE OF ACTION (month/day/year)	TOOTH NUMBER	DIAGNOSIS - TREATMENT (Include signature at the end of each data entry)	PRISON LOCATION (ACRONYM)
2/10/06		S: "My tooth needs to be filled." "I need to get my teeth prepared for partials." Pt points to #18.	
		X O: HQR (dated 2/10/06) NC.	
		1 PA taken #18	
		#18 broken amalgam & DB cusp. F. caries, cervically on MB. #6, 24, 28 F caries, #18 leaking	
		A: #18 Restorable	
		P: #18 oper.	
		(2) Panorex.	
		E: Pt informed. OTH given both oral & written.	
		Tx: 2 carps 2% Lidocaine w/1:100,000 epi	
18		Removed DO Alloy & F caries	
		Placed DOB comp. using etch, primer, adhesive & 3M	
		Z100 comp. checked occl.	
		C. F. [signature] DDS	RJDCF

DRUG ALLERGIES?

☒ NO

☐ YES

DENTAL PROGRESS NOTES
CDC 237C (1/00)

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Stephen, Jimmie

C-56483.

7/18/52

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STATE OF CALIFORNIA
DENTAL PROGRESS NOTES
CDCR 237-C (Rev. 04/06)

Page 1 of 2

RESTORATIONS AND TREATMENTS (Completed during incarceration)	SUBSEQUENT DISEASES AND ABNORMALITIES
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11/30/06		S: Still. I have a loose tooth #9. pt points to tooth #9.		
		O: HRP (died 11/30/06, taking lovastatin for cholesterol), #9 discolored, CL III mobile, advanced bone loss, visual exam		
		A: #9 nonrestorable, advanced periodontitis		
		P: 1) O.S ext #9 (pt refuse)		
		E: pt inf #9 needs ext.		
				S Lee
				RJOCK
			(2)	S. LEE, D.D.S. Staff Dentist

DRUG ALLERGIES?

☒ NO☐ YES

DENTAL PROGRESS NOTES

CDCR NUMBER, NAME (LAST, FIRST, MI), AND DATE OF BIRTH

STEPHEN JIMMIE
C56483

7-18-52

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Prior to each treatment, the Dentist must review the health history, note changes or specify no change; and use S.O.A.P. format when applicable.

DATE OF ACTION (month/day/year)	TOOTH NUMBER	DIAGNOSIS - TREATMENT (Include signature at the end of each data entry)	PRISON LOCATION (ACRONYM)
04/06/05	#29	S "MY TOOTH HURTS EVER SINCE FINGER (PTS TO #29) ESP. BITING DOWN" O HHR T3 N KDA? CHECK N.V. 11/PA #29. Percut+++ A #29 WIDENED PDL NON-RESTORABLE NEGOS XO P I/m DECLINED TX TODAY. WANTS TO POSTPONE EXTRACTION. OFFERED TX TODAY. I/M REFUSED. NO REQUEST FOR PAIN MEDS TODAY. E OHI' TOLD I/M WOULD DUCAT WHEN HG IS READY FOR XO #29. ANSWERED 602 N/C R/dos RSD	
10/17/05		PT no show for 1330 priority ducat for today. C. Farnell DDS RSD	
11/2/05		602 interview S. PAIN IN LEFT / RIGHT & SWELLING & PAIN PRESENT SOMETIMES O. HHR (1-10-05) 1 PA #29. FRACTURED ALLOY + FACIAL CAVES A. #29 GUARDED PROGNOSIS. #29 NON-REST. P. CONSULT. (L) SIDE NOT ADDRESSED @ THIS APT. N.V. XO #29 ? N/C R/dos RSD	
11/4/05		F2 HQN-dlg 9/16/04 N/KDA Med 1.5fil 4% Septocane 1.000 Kex X 3 comp #29 Routine XO for + post op mts given, consent signed hemostasis asked Rx 400 mg X 20 Tabs. 12 R Maltin DDS RSD B. M. I. h. a	

DRUG ALLERGIES?



NO



YES

DENTAL PROGRESS NOTES
CDC 237C (1/00)

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

STEPHEN

C 56483

Prior to each treatment, the Dentist must review the health history, note changes or specify no change; and use S.O.A.P. format when applicable.

[illegible]

DRUG ALLERGIES?

☐ YES

DENTAL PROGRESS NOTES
CDC 237C (1/00)

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

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Prior to each treatment, the Dentist must review the health history, note changes or specify no change; and use S.O.A.P. format when applicable.

DATE OF ACTION (month/day/year)	TOOTH NUMBER	DIAGNOSIS - TREATMENT (Include signature at the end of each data entry)	PRISON LOCATION (ACRONYM)
1/10/05		<p>S pt present "I want teeth"</p> <p>O. 2 BWS</p> <p>HON-dtd 1/10/05 NKDA Omeds</p> <p>pt Missing Several Max + Mand posterior teeth</p> <p>Being Noted Mesial #29</p> <p>Being Noted Facial of 20</p> <p>slight pocketing</p> <p>A Decayed teeth 29, 20</p> <p>Early Adult Mild periodontal dy</p> <p>Missing Several Posterior teeth</p> <p>1. 1) Fill 20 + 29</p> <p>2) Gross Scale</p> <p>3) Partial Construction</p> <p>N.V. Fill 5 20 + 29</p> <p>K.R. Maltby M.D. K.R.P.</p>	
1/13/05		<p>T-3 HON-dtd 1/10/05 NKDA Omeds</p> <p>4% Septacaine X1.8 cc</p> <p>3% Citrust X1.8 cc</p> <p>#29-mold Aug</p> <p>N.V. #26</p> <p>K.R. Maltby M.D. K.R.P.</p>	
2/14/05		<p>T-3 HON-dtd 1/10/05 NKDA</p> <p>2% Lidocaine 1:100 Vepi X1.8 cc</p> <p>#20-NF Comp Acid etch</p> <p>N.V. eval for Pontals</p> <p>Next visit requested by Patient on Form 7362 for routing treatment.</p> <p>Dr. K. Maltby M.D. K.R.P.</p>	

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☒ NO ☐ YES

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STEPHEN JIMMIE
7-18-52

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Jimmie Stephen
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P.O. Box 799003
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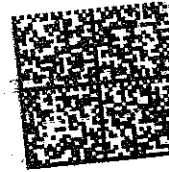
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